Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **September 16th through 30th, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

•			1		G . 1 V E 1	n)
APPLICATION FOR				_الأر		Approval No. 0348-004
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED		\mathbb{N}	Applicant Identifier	Ujj
•	1	9/27/02			UEI A I AVV	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	-	_ ,	State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL A	SENEV	FGEREARING HOU	<u>St</u>
Non-Construction	Non-Construction	1				
5. APPLICANT INFORMATION			15			
Legal Name: American Lung Asso	ociation of \$	n Dieno & Imperio	Organization		nd Importal Com	f-x 7
Address (give city, county, State,		Counties			number of person to be conta	
2750 Fourth Avenue			this application	on <i>(give al</i>	rea code)	•
San Diego, CA 9210	13		Jan Cor	ctez	(619) 297-3901	
6. EMPLOYER IDENTIFICATION			7. TYPE OF	APPLICA	NT: (enter appropriate letter	in box)
95 1644	627		A. State		H. Independent School Dist	
8. TYPE OF APPLICATION:			B. County	1	I. State Controlled Institution	
□ New	Continuation	n Revision	C. Municipa		J. Private University	
If Revision, enter appropriate lette	-		D. Townshi E. Interstat	•	K. Indian Tribe L. Individual	
il revision, enter appropriate ten	si(s) in box(es)		F. Internur		M. Profit Organization	
**************************************		rease Duration	G. Special	District	N. Other (Specify) Not-	For-Profit
D. Decrease Duration Other(s	specify):		9. NAME OF	FEDERA	L AGENCY:	
					egion IX	
***************************************				·		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANC	E NUMBER:	11. DESCRI	PTIVE TIT	LE OF APPLICANT'S PRO	JECT:
	* ************************************	66 - 60 6	Indoc	or Air	Quality in Scho	ols
TITLE:			_			
12. AREAS AFFECTED BY PRO	SECT (Cities, Counties	s, States, etc.):				
San Diego County,	Imperial C	ounty		÷		
13. PROPOSED PROJECT	14. CONGRESSIONA					
Start Date Ending Date	a. Applicant		b. Project			
11/01/02 10/31/03	49th & 52nd	l	49th-5	i2nd		
15. ESTIMATED FUNDING:			16. IS APPL	ICATION	SUBJECT TO REVIEW BY	STATE EXECUTIVE
		₩	ORDER .	12372 PR	OCESS?	
a. Federal	\$ 15.000		a, YES, Th	HIS PREA	PPLICATION/APPLICATION	N WAS MADE
b. Applicant	\$,00	i		TO THE STATE EXECUTIV	/E ORDER 12372
c. State	\$	<u> </u>	1		FOR REVIEW ON:	
. 7410	•		J 02	ATE9	/27/02	
d. Local	\$. 80		nnac=:	12 IM 11MT MALIMANA AL	0.40070
e. Other	\$.00			.M IS NOT COVERED BY E. FRAM HAS NOT BEEN SELI	
				FOR REV		
f. Program Income	\$ -	oc '	47 (0 7 = -	BB(10.0)	[45]v [6] [5] [5] [5] [5] [5]	COEDAL SEAS
g. TOTAL	\$ 75.000		1		IT DELINQUENT ON ANY F	
	15,000] """		attach an explanation.	Ď No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY						
ATTACHED ASSURANCES IF	THE ASSISTANCE IS		m / Elonit	. A.W III	, a	
a. Type Name of Authorized Repo	esentative	b. Title President & C	FO		c. Telephone Number (619) 297-3901	
d. Signature opputhorized Repres	senyatiye ?				e. Date Signed /	
(Ather A	JUU15				9/27/02	
Previous Edition Usable Authorized for Local Reproduction	1				Standard Form 4 Prescribed by ON	
7					i receimed by On	THE WILLIAM SHIP TO A VALUE OF THE SHIP TO A

APPLICATION FOR	?	•	<i>,</i>	OM	8 Approved No. 20 40 a
FEDERAL ASSIST	ANCE	2. DATE SUBMITTE	D	Applicant Identifier	B Approval No. 0348-0
		July 19,			7201
1. TYPE OF SUBMISSION:		3. DATE RECEIVED		06CTY 13700) ce j
Application	Preapplication Preapplication			State Application Identifier	
X Construction	Construction	4 DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction	P B D-1/262	h12-	CE CT4 13700	のうれ
5. APPLICANT INFORMATIO	N I I	<u> </u>			201
Legal Name: City of	Freeno 1131		manizational Unit:		
		HIG 2 7 2002	larks and	Recreation Dep	partment
Address (give city, county, Stat		00 m 101	Name and telephone	number of person to be contr	acted on matters involv
		oom 101	It in a application faire.	area codel	
Fresno,	CA 93721-112	FI FARING HO) Nation Lab	ino, Grant Adm: L-2914	inistrator
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIL)	OLLANG	7 TYPE OF APPLIC	1-2914	
	0 3 3 8		THE OF APPLIC	ANT: (enter appropriate letter	in box)
	0191910		A. State	H. Independent School Dist	C
8. TYPE OF APPLICATION:			B. County	State Controlled Institution	
☑ Ne	w Continuation	Revision	C. Municipal	J. Private University	i or ragner Learning
If Davinian anton annualists to	*!		D. Township	K. Indian Tribe	
If Revision, enter appropriate le	tter(s) in box(es)		E. Interstate	L. Individual	
A. Increase Award B. De	crease Award C Increase		F. Intermunicipal	M. Profit Organization	
D. Decrease Duration Other		Duration	G. Special District	N. Other (Specify)	
	(apaony).		0.0000000000000000000000000000000000000		
			S. NAME OF FEDER	AL AGENCY: 1443	
		-	National Pa	ırk Service	
10. CATALOG OF FEDERAL D	MESTIC ASSISTANCE N	Mara			
	OMESTIC MSSISTANCE NU			TLE OF APPLICANT'S PRO.	JECT:
		1 5 - 9 1 9	Fink-Whit	e Playground	
TITLE: Urban Par	rk and Recreation	Recovery	Rehabilit	ation & Expans	tion of
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, Stat	tes, etc.):	Recreatio	nal Opportunit	ies
City of Fre		,		opporediff	
					•
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:	-		
Start Date Ending Date	a. Applicant				
10/2002 06/2003	1		b. Project		
15. ESTIMATED FUNDING:	<u> </u>		2	0	
		•	16. IS APPLICATION	SUBJECT TO REVIEW BY S	TATE EXECUTIVE
a. Federal	l s	90	ORDER 12372 PR	OCESS?	
	285,	073	SVES THIS DOES	DDUOATION	
o. Applicant	\$		AVAII ARI E	PPLICATION/APPLICATION TO THE STATE EXECUTIVE	WAS MADE
			PROCESS	FOR REVIEW ON:	: ORDER 12372
: State	\$.00	İ		
4 1 1		174	DATE 8	1-16-02	
i. Local	\$	D0			
: Other	75,		b. No. PROGRAI	M IS NOT COVERED BY E. C	0. 12372
. Outel	\$.00	☐ OR PROG	RAM HAS NOT BEEN SELEC	CTED BY STATE
Program Income	•	000	FOR REVI	EW	
· · · · · · · · · · · · · · · · · · ·	\$	·w			
. TOTAL	\$	DO	17. IS THE APPLICAN	T DELINQUENT ON ANY FE	DERAL DEBT?
The state of the s	407	247	Yes If "Yes," at	ttach an explanation.	<u>ГП</u> м.
8. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY	VLEDGE AND BELIFF ALL	DATA IN THIS ABOUT	ATIONIONE	·	□ No
	TO THE GOVE	CKM64(4 KL1614 16 FM1	E APPLICANT AND THE	ON ARE TRUE AND CORRE	CT, THE
	THE MOOIS IN MICE IS ATTACK	DED.		- ACCLICANT WILL COMPL	Y WITH THE
Type Name of Authorized Repri	esentative b	. Title Parks and	- Ta	. Telephone Number	
Ronald P. Prima	avera 🔪 / / /	Recreation	Director	(559) 621-2909)
Signature of Authorized Repres	entative / /			5-1 6: 1	





U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

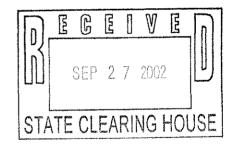
Recipient ID:	5802	
Recipient Name:	Southern California Regional Rail Authority	
Project ID:	CA-90-Y011-03	
Budget Number:	4 - Budget Pending Approval	
Project Information:	Capital Assistance	

Part 1: Recipient Information

Project Number:	CA-90-Y011-03	
Recipient ID:	5802	
Recipient Name:	Southern California Regional Rail Authority	
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101	
Telephone:	(213) 452-0209	
Facsimile:	(213) 452-0421	

Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	
Facsimile:	(202) 244-7824



Recipient ID:	5802	
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS	
Address 1:	828 W. Washington Blvd	
Address 2:		
City:	Los Angeles, CA 90015 3310	
Contact Name:	Doug McLellan	
Contact Name:	Doug McLellan	

Telephone:	
Facsimile:	(213) 738-0857

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Mathews
Telephone:	
Facsimile:	(562) 435-3886

Recipient ID:	5802
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754 0000
Contact Name:	Sharon Lawin
Telephone:	
Facsimile:	(323) 261-1580

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	
Facsimile:	(213) 251-4577

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-90-Y011-03
Project Description:	Capital Assistance
Recipient Type:	Transit Authority
FTA Project Mgr:	Ray Tellis
Recipient Contact:	Joanna Capelle
New/Amendment:	Amendment
Amend Reason:	Increase Award

Gross Project Cost:	\$3,820,739
Adjustment Amt:	\$0
Total Eligible Cost:	\$2,657,544
Total FTA Amt:	\$2,126,035
Total State Amt:	\$0
Total Local Amt:	\$531,509
Other Federal Amt:	\$0

Fed Dom Asst. #:	20507
Sec. of Statute:	5307
State Appl. ID:	None Specified
Start/End Date:	Aug. 01, 2002 - Dec. 31, 2003
Recvd. By State:	Sep. 09, 2002
EO 12372 Rev:	YES
Review Date:	Aug. 30, 2002
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Aug. 05, 2001
Program Page:	RIV010514,SBD990602
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Deling. Details:	

Special Cond Amt:		\$0
Special Condition:	None Specified	
S.C. Tgt. Date:	None Specified	
S.C. Eff. Date:	None Specified	
Est. Oblig Date:	None Specified	
Pre-Award Authority?:	Yes	
Fed. Debt Authority?:	No	
Final Budget?:	No	

Urbanized Areas

UZA ID	UZA Name	
60020	LOS ANGELES, CA	
60420	RIVERSIDE-SAN BERNARDINO, CA	

Congressional Districts

State ID	District Code	District Official
6	28	David Dreier
6	30	Xavier Becerra
6	31	Hilda L Solis
6	33	Lucille Roybal-Allard
6	41	Gary G Miller
6	42	Joe Baca
6	23	Elton Gallegly
6	24	Brad J Sherman
6	25	Howard P McKeon
6	27	Adam Schiff
6	29	Henry A Waxman
6	34	Grace F Napolitano
6	38	Steve Horn





U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Project ID:	CA-03-0552-03
Budget Number:	4 - Budget Pending Approval
Project Information:	Rehab track, signals, facilities, r

Part 1: Recipient Information

Project Number:	CA-03-0552-03
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0421

Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	
Facsimile:	(202) 244-7824



Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Doug McLellan

Telephone:		
Facsimile:	(213) 738-0857	

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Mathews
Telephone:	
Facsimile:	(562) 435-3886

Recipient ID:	5802
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754 0000
Contact Name:	Sharon Lawin
Telephone:	
Facsimile:	(323) 261-1580

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	
Facsimile:	(213) 251-4577

Part 2: Project Information

Grant	Gross Project
CA-03-0552-03	Cost:
Rehab track signals facilities	Adjustment Ar
r	Total Eligible
Transit Authority	Total FTA Am
Ray Tellis	Total State An
Joanna Capelle	Total Local Ar
Amendment	Other Federal Amt:
	CA-03-0552-03 Rehab track, signals, facilities, r Transit Authority Ray Tellis Joanna Capelle

Gross Project Cost:	\$9,647,722
Adjustment Amt:	\$0
Total Eligible Cost:	\$9,647,722
Total FTA Amt:	\$7,718,177
Total State Amt:	\$0
Total Local Amt:	\$1,929,545
Other Federal Amt:	\$0

Amend Reason:	Increase Award
Fed Dom Asst. #:	20500
Sec. of Statute:	5309
State Appl. ID:	None Specified
Start/End Date:	-
Recvd. By State:	Sep. 11, 2002
EO 12372 Rev:	YES
Review Date:	Aug. 30, 2002
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Jan. 11, 2002
Program Page:	990602, ORA37111
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Special Cond Amt:		\$0
Special Condition:	None Specified	
S.C. Tgt. Date:	None Specified	
S.C. Eff. Date:	None Specified	*******
Est. Oblig Date:	None Specified	
Pre-Award Authority?:	Yes	
Fed. Debt Authority?:	No	
Final Budget?:	No	

Urbanized Areas

UZA	ID	UZA Name
6002	20	LOS ANGELES, CA
6042	20	RIVERSIDE-SAN BERNARDINO, CA

Congressional Districts

State ID	District Code	District Official
6	30	Xavier Becerra
6	33	Lucille Roybal-Allard
6	39	Edward Royce
6	46	Loretta L Sanchez
6	47	Christopher Cox
6	48	Darrell Issa
6	23	Elton Gallegly
6	24	Brad J Sherman
6	25	Howard P McKeon
6	26	Howard L Berman
6	27	Adam Schiff
6	28	David Dreier
6	29	Henry A Waxman





FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5802	
Recipient Name:	Southern California Regional Rail Authority	
Project ID:	CA-03-0552-03	IUU SEP 2 / ZOUZ L
Budget Number:	4 - Budget Pending Approval	
Project Information:	Rehab track, signals, facilities, r	ISTATE CLEARING HOUSE

Part 1: Recipient Information

Project Number:	CA-03-0552-03
Recipient ID:	5802
Recipient Name:	Southern California Regional Rail Authority
Address:	700 South Flower Street 26th Floor, Los Angeles, CA 90017 4101
Telephone:	(213) 452-0209
Facsimile:	(213) 452-0421

Union Information

Recipient ID:	5802
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave
Address 2:	NW
City:	Washington, DC 20016 4139
Contact Name:	Leo Wetzel
Telephone:	
Facsimile:	(202) 244-7824

Recipient ID:	5802
Union Name:	ASSOCIATION OF LOS ANGELES DEPUTY SHERIFFS
Address 1:	828 W. Washington Blvd
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Doug McLellan

Telephone:	
Facsimile:	213) 738-0857

Recipient ID:	5802
Union Name:	NORWALK CITY EMPLOYEES' ASSOCIATION
Address 1:	319 West Broadway
Address 2:	
City:	Long Beach, CA 90806 0000
Contact Name:	Ray Mathews
Telephone:	
Facsimile:	(562) 435-3886

Recipient ID:	5802
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754 0000
Contact Name:	Sharon Lawin
Telephone:	
Facsimile:	(323) 261-1580

Recipient ID:	5802
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 West 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	
Facsimile:	(213) 251-4577

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-03-0552-03
Project Description:	Rehab track, signals, facilities, r
Recipient Type:	Transit Authority
FTA Project Mgr:	Ray Tellis
Recipient Contact:	Joanna Capelle
New/Amendment:	Amendment

Gross Project Cost:	\$9,647,722
Adjustment Amt:	\$0
Total Eligible Cost:	\$9,647,722
Total FTA Amt:	\$7,718,177
Total State Amt:	\$0
Total Local Amt:	\$1,929,545
Other Federal Amt:	\$0

Amend Reason:	Increase Award
Fed Dom Asst. #:	20500
Sec. of Statute:	5309
State Appl. ID:	None Specified
Start/End Date:	-
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	Aug. 30, 2002
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Jan. 11, 2002
Program Page:	990602, ORA37111
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Special Cond Amt:		\$0
	I. O m. I	
Special Condition:	None Specified	
S.C. Tgt. Date:	None Specified	
S.C. Eff. Date:	None Specified	
Est. Oblig Date:	None Specified	
Pre-Award Authority?:	Yes	
Fed. Debt Authority?:	No	
Final Budget?:	No	

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA
60420	RIVERSIDE-SAN BERNARDINO, CA

Congressional Districts

State ID	District Code	District Official
6	30	Xavier Becerra
6	33	Lucille Roybal-Allard
6	39	Edward Royce
6	46	Loretta L Sanchez
6	47	Christopher Cox
6	48	Darrell Issa
6	23	Elton Gallegly
6	24	Brad J Sherman
6	25	Howard P McKeon
6	26	Howard L Berman
6	27	Adam Schiff
6	28	David Dreier
6	29	Henry A Waxman

					MB Approval No 0348-0043		
APPLICATION F		2. DATE SUBMITTED		Applicant centifier			
FEDERAL ASSIS	STANCE	Septembe	September 17, 2002				
1. TYPE OF SUBMISSION		3. DATE RECEIVED B	Y STATE	State Application Identifie	er		
Application ☑ Construction	Pre-application						
	☐ Construction	4. DATE RECEIVED B	Y AGENCY	Federal Identifier			
☐ Non-Construction 5. APPLICANT INFORMATION	Non-Construction	CE IVE					
Legal Name:		<u> </u>	T C ganizational L	Jnit·			
County of Los Angeles	11:31		111 1171 1	elopment Commission, Pres	nonuntion that		
Address (give city, county, s	state and zip cope):	SEP 2 7 2002	Name and telepi	hone of the person to be co	ntacted on matters involving		
2 Coral Circle	וחח	half but 1 may 1	this application (give area code)			
Monterey Park, CA 91755			Taufid K. Syed F	Rushdy, Director (323	3) 890-7230		
Los Angeles County	ISTATI	CLEARING HO	USE	,	,		
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):	6 W 62 part 11		CANT: (enter appropriate lett	ter in box)		
			_		· C]		
9 5	- 3 7 7	7 5 9 6	A. State B. County	H. Independent School State Controlled Ins	l Dist. ititution of Higher Learning		
8. TYPE OF APPLICATION			C. Municipal	 J. Private University 	alabon of riights Leathing		
☐ New	☑ Continuation	Revision	D. Township E. Interstate	K. Indian TribeL. Individual			
			F. Intermunicipa				
If Revision, enter appropriat	e letter(s) in box(es)		G. Special Distric	ct N. Other (Specify):			
A. Increase Award	B. Decrease Award	C. Increase Duration					
D. Decrease Duration	E. Other (specify):		9. NAME OF FEDEI	RAL AGENCY:			
			-	Federal Aviation Adm	ninistration		
10. CATALOG OF FEDERAL DI	OMESTIC 2	0 - 1 0 6	11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJEC	CT:		
ASSISTANCE NO.	[0 - 1 0 6	implement a EAE	Dart 150 Naine Competiti	lib. December 6 - the O		
TITLE: AIRPORT IMPROVEMENT PROGRAM			i Los Angeles. Vo	duntary acoustical treatment	lity Program for the County of to approximately 196		
		•	residential units v Level.	within the 65 dB or greater (Community Noise Equivalent		
12. AREAS AFFECTED BY PROJ	ECT (cities, counties, st	ates, etc.):	Lovei				
Lennox CDP, Los Angeles C	County California						
, ,	,						
13. PROPOSED PROJECT	114 000000000						
Start Date Ending I		ONAL DISTRICTS OF:					
2003 2005	_ 1	nal District 31		b. Project			
	Congressio	nai District 3 i		Congressional District 35			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJ	ECT TO REVIEW BY	STATE EXECUTIVE ORDER 123	372 PROCESS?		
a. Federal	6,285,000.00	a. YES. THIS PREAP	PLICATION/APPLICAT	TION WAS MADE AVAILABLE TO	THE		
b. Applicant				2 PROCESS FOR REVIEW ON :			
c. State	.00		tember 11, 2002	200 DV E A 40970			
d. Local	.00.		OGRAM IS NOT COVERED BY E.O. 12372				
d. Local 1,571,250.00 OR PR			PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
e. Other							
f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FED				Y FEDERAL DEBT?			
7,856,250.00 Li res , attach a			· ·				
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF, ALL	ATA IN THIS APPLICATION	PREAPPLICATION AF	RE TRUE AND CORRECT, THE (DOCUMENT HAS BEEN DULY		
AUTHORIZED BY THE GOVERNIN a. Typed Name of Authoriz	IG BODY OF THE APPLICA	NI AND THE APPLICANT W	LL COMPLY WITH TH	E ATTACHED ASSURANCES IF	THE ASSISTANCE IS AWARDED		
CARLOS JACKSON			Executive Director	r	c. Telephone (323) 890-7400		
d. Signature of Authorized Re	epresentative		1	·			
	(),	1111/	trul	ļ	e. Date Signed		
Previous Editions Not Usable			The state of		September 17, 2002		

Authorized for Local Reproduction

Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED		Applicant Identifier
	9/26/02		Grand Annulas Ideation
1.TYPE OF GUBMISSION:	3. DATE RECEIVED BY STATE	E	State Application identifier
Application Preapplication			2.1
Construction Construction	4. DATE RECEIVED BY FEDE	RAL AGENCY	-edata: Idelitatiox
Non-Construction Non-Construction			
5. APPLICANT INFORMATION IC	טער פעולאל אין	וועומ	
Legal Name: South Coast RC&D	HICH DINIGITATIO	- Organizational	I Unit:
Address (give city, county, state, and zip code)			phone number of person to be contacted on matters involving
4500 Glenwood Drive, Building D Riverside, CA 92501	JWE ZZ dES	l Innl	rd M. Umbach 909-682-3956
6. EMPLOYER IDENTIFICATION (EIN):		TTYPE OF A	PPLICANT: (enter appropriate letter in box)
3 3 . 0 8 2 0 5		A. State B. County	H. Independent School Diet. I. State Controlled Institution of Higher Learning
8. TYPE OF APPLICATION:	itinuation Revision	C. Municipa D. Townshi E. Interstal F. Intermun G. Special	al J. Private University ip K. Indian Tribs te L. Individual incipal M. Profit Organization
If Revision, enter appropriate letter(s) in			
A. increase Award B. Decrease Award D. Decrease Duration Other (specify):	g. Increase Duration		
		B. NAME OF F	EDERAL AGENCY:
		US	SDA/NRCS
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE	SE NUMBER	11. DESCRIPT	TIVE TITLE OF APPLICANT'S PROJECT:
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE	SE NOMBEN.	arrest de la constant	
TITLE:	0 - 9 0 1		riding educational opportunities ing to soil erosion to underserved
12. AREAS AFFECTED BY PROJECT (Cities, Countie	s, States, etc.)	vout	h in Los Angeles.
Los Angeles			
	RESSIONAL DISTRICTS)F:	
Start Date Ending Date a. Applicant	CESSIONAL DISTRICTOR	b. Proli	oct
	0	· .	NRPYA
9/30/02 12/30/02 South	Coast RC&D	18 15 4	APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
15, ESTIMATED FL	JNDING	10, 70 P	DER 12372 PROCESS?
a. Federal \$	100,00	0.00 a.	YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER
b. Applicant \$			12372 PROCESS FOR REVIEW ON:
c. State			DATE 9/26/02
d. Local \$		b.	NO PROGRAM IS NOT COVERED BY E.O. 12372
e. Other			DR PROGRAM HAS NOT BEEN GELECTED BY STATE FOR REVIEW
f. Program Income \$		17. (\$ 1	THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. Total 5	100,00	0.00	YES (Attach explanation) NO
18. TO THE BEST OF MY KNOWLEDGE CORRECT, THE DOCUMENT HAS BEE APPLICANT WILL COMPLY WITH THE A	N DULY AUTHORIZED	BY THE GU	
B.Type Name of Authorized Representative	b. Title		c. Telephone Number
Marty Leavitt	Pre	sident _	(909) 682-3956
d Signature of Authorized Representative			e. Date Signed
Rebert V We Lake	The Mait	LEAM	19-26-02
Previous Edition Usable AUTHORIZED FOR LOCAL REPRODUCTION	V		STANDARD FORM 424 (REV. 4-92) Prescribed by OMB Circular A-102

ADDLICAT	TIAN EAD						To: 0 . C		1.00
APPLICATION FOR FEDERAL ASSISTANCE 2. DATE SUBMI			MITTED	-		Coleto	rnice	1-004	
PEDERAL	. 435151A	ANCE					To: Colleto A creating	couse	
1. TYPE OF SU	BMISSION:		3. DATE REC	EIVED B	YSTATE		5 fax 916	323 BOG	
Application		Preapplication							7
Construc		Construction	4. DATE REC		Y FEOERAL	AGENCY	F		=
Non-Cont	····	Non-Constructio	<u> </u>	W E					
S. APPLICANT	INFORMATION						<u> </u>		
Legal Name: County	0 € 5 = n	Diago []			Organizatio				
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5201 Ru	ffin Ro	ad, Suite B				montgree and	6/9-4	71-4500	4
San Die	go CA 9	2123	CE ALEADIN	040	Tom	Oberb	auer (858) (594-3 7-00	V
6. EMPLOYER	DENTIFICATIO	NUMBER (EN)	L VELOMININ	VIIV	7. TYPE OF	APPLICAN	T: (enter appropriata lett	er in box) 3	701
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8, TYPE OF APP					A. State		H. Independent School D		
S, ITPE UF APP		_			B. County		. State Controlled Institut	ion of Higher Lear	rning
	Non	Continuation	☐ Revisi	on	C. Municip D. Townsl		J. Private University K. Indian Tribo		
if Revision, enter	appropriate lett	er(s) in box(es)			E. Intersta		k. Indian Tribe L. Individual		
		, ,			F. Intermu	-	M. Profit Organization		
A. Increase Aw			ease Duration		G. Specia		N. Other (Specify)	_	_
D. Decrease Di	uration Other(pecity):							
					9. NAME O	FFEDERAL	. AGENCY:		
			·		Unite	ed Sta	tes	•	-
					Envir	onmen	tal Protect	ion Agen	CV
10. CATALOG O	F FEDERAL DO	MESTIC ASSISTANCE	NUMBER:				E OF APPLICANT'S PR		
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TITLE)	Wetland	s Protectio		ants	Dama				,
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13. PROPOSED	PROJECT	14. CONGRESSIONAL			·				
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1. 1		a. Applicant			b. Project				
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b. Applicant		\$	500				PLICATION/APPLICATION O THE STATE EXECUT		
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		·			D/	ATE			
d. Local		\$, , ,						
e. Other		<u> </u>					IS NOT COVERED BY		
e. Ouel		\$	an				AM HAS NOT BEEN SEI	LECTED BY STAT	LE
f. Program Income		•	30		Ī	FOR REVIE	W		
10grant trooms	·	\$,40	-	£ hp _ grm - was - war -				
D. TOTAL		\$	500	—	'		DELINQUENT ON ANY	FEDERAL DEST	?
		1	00,000				ach an explanation.	X No	I
18. TO THE BEST	OF MY KNOW	LEDGE AND BELIEF, A	LL DATA IN THIS	APPLICA	TION/PREA	PPLICATIO	N ARE TRUE AND COR	RECT THE	
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a. Type Name of A	OTOPIE CONTRACTION	SECTION OF	b. Title				Telephone Number		
Signature of Aut	horizod Bo	rector	Planning	& Liz	and Us	ę1	858) 694-29	62 10	
	JOHAN ROTTE	TO THE STATE OF TH			CEIVER B1420	-/ e.	Date_Signed	12	
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				G	MO,			11 2 1 2 1 2 1 2 1	r.

To: Calefornia creasinghouse

APPLICATION FOR		2. DATE SUBMITTED	Applican	fax: 916.323 3018	
FEDERAL ASSISTANCE		02/22/02 3. DATE RECEIVED BY	State Ap		
1. TYPE OF SUBMISSION		STATE			
Application Construction	Preapplication Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal	ſ	
Non-Construction	☐ Non- Construction		<u> </u>		
5. APPLICANT INFORMATION		Organizational Unit:			
Legal Name:		1 -			
ALBA-Agricultural La: Address (give city, county, state, and zip co	<u>nd-Based train</u>	I Name and telephone number of	f the person t	o be contacted on matters involving	
	ue).	Illis application (dies area cooc	, .	_	
P.O. Box 5415			$\frac{131}{31}$	-3665 (f _X) -1469	
Salinas, CA 93915 6. EMPLOYER IDENTIFICATION (EIN):				propriate letter here)	
6. EMPLOYER IDENTIFICATION (EIN).		1.		ent School District	
				rolled Institution of Higher Learning	
7 7 7 0 5 6 6	0 5 5	1 2, 312,,		-	
		01 man-y-	J. Private Un		
8. TYPE OF APPLICATION:		D. Township	<. Indian Trib	oe	
☐ New ☐ Continuation	☐ Revision	mi: Wildibjatt	_, Individual	number of the state of the stat	
X		F. Intermunicipal	M. Profit Org	anization	
If Revision, enter appropriate letter(s) in b	ox(es):	G. Special District 1	N. Other (Sp.	ecify): non-profit	
	crease Award	9. NAME OF FEDERAL AGE			
	crease Duration	9. NAME OF PEDERAL AGE.			
Other Specify:		U.S. Environme	ental P	rotection	
		Agency			
10. CATALOG OF FEDERAL DOMESTI	C ASSISTANCE NUMBER:	11. DESCRIPTIVE TITLE OF	APPLICANT	'S PROJECT:	
6 6 6 0	4	Minority Farmer			
Passing to 1 T				ction of Nitrate	
TITLE: Environmental J1 12. AREAS AFFECTED BY PROJECT (c	USC1CE-SMall G	Leachinging	Ine Sai	Tues Salta	
		(1))			
Salinas, California 13. PROPOSED PROJECT:	14. CONGRESSIONAL				
	DISTRICT OF: a. Applicant:		SEB. Projec	. 2019 HUH	
Start Date End Date	a, Applicant:		~	1.50%	
8/01/02 7/31/03	Congressman S	Sam Farr 17th	17+1		
	<u></u>		CIFARI	NG HOUSE	
15. Estimated Funding:		16. IS APP LICATIONS ORDER	LIE TECTITO	AGIEVOUSE EXECUTIVE	
a. Federal	5 20 000	12372 PROCESS?			
b. Applicant	\$ 20,000	TO THE STATE EX	TION/APPLIC	CATION WAS MADE AVAILABLE RDER 12372 PROCESSES FOR	
c, State	s	REVIEW ON:			
d. Local	s	b. NO. PROGRAM IS N		D BY E.O. 12372	
e Other	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR				
f. Program Income	17. IS THE APPLICANT DEL	INQUENT O	N ANY FEDERAL DEBT?		
q. TOTAL	☐ YES If "Yes" attach	an explanatio	on, BYNO		
18. TO THE BEST OF MY KNOWLEDGE DOCUMENT HAS BEEN DULY AUTHO ATTACHED ASSURANCES IF THE AS.	RIZED BY THE GOVERNIN	N THIS APPLICATION/PREAPPL G BODY OF THE APPLICANT A	ICATION AR	E TRUE AND CORRECT. THE	
a. Typed Name of Authorized Representa	b. Title:	c. Telep	hone Number		
Patrick Troy	Senior Agronom	ist 83	$1/758 - 1_{4}^{4}69$		
d. Signature of Authorized Representative		e, Date	Signed Jane (1995)		
Taknet Tw	7	RECEI	VED02/		
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FEDERAL ASSISTA	NCE	2. DATE SUBMITTED September23,	2002	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B		State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction	1			
Legal Name: MISSION SPRINGS	WATER DISTRIC	T	Organizational Unit:		
Address (give city, county, State,	and zip code):		Name and telephone	number of person to be contacted on matters involvir	
66575 SECOND STR DESERT HOT SPRIN			this application (give a JOHN SOULI	area code) LIERE (760)329-6448, EXT 118	
6. EMPLOYER IDENTIFICATION		-	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
9 5 - 6 0 0 5 4 7 5			A Ctata	G	
8. TYPE OF APPLICATION:	- William		A. State B. County	H. Independent School Dist. I. State Controlled Institution of Higher Learning	
₽ New	Continuation	Revision	C. Municipal	J. Private University	
		7 /	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual	
A. Increase Award B. Decr	ease Award C. Increase	e Duration	G. Special District	M. Profit Organization N. Other (Specify)	
D. Decrease Duration Other(s	pecify);				
			9. NAME OF FEDERA	AL AGENCY:	
			ECONOMIC DE/	VELOPMENT ADMINISTRATION	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:	
THE DURING		1 1 — 3 0 0	"ECONOMIC EN PROJECT"	HANCEMENT INFRASTRUCTURE	
12. AREAS AFFECTED BY PRO	RKS AND ECONOMIC	U DEVELOPMENT	11100201		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): RRIVERSIDE COUNTY AND CITY OF PALM SPRINGS, CA			DEVELOPMENT OF WASTEWATER FACILITIES TO ENABLE ECONOMIC GROWTH.		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
	a. Applicant		b. Project	10000	
10/1/03 4/1/05	<u>44</u> T	Ή		44TH	
15. ESTIMATED FUNDING:		90	16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE OCESS?	
a. Federal	\$ TA 2	2,600,000		PPLICATION/APPLICATION WAS MADE	
HALE OF		200		TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:	
110 000 25 4	\$ 19 \ <u> </u>	00	DATE	09/23/02	
	\$ 10HCE 3	,600,000	b. No. 🔲 PROGRA	M IS NOT COVERED BY E. O. 12372	
e. Other STATE CLEARIN	B HUUUL	00	OR PROG FOR REV	RAM HAS NOT BEEN SELECTED BY STATE IEW	
f. Program Income	\$.00			
g. TOTAL	\$ 6	,200,000 °		IT DELINQUENT ON ANY FEDERAL DEBT? Ittach an explanation. ✓ No	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TH	LEDGE AND BELIEF, ALL UTHORIZED BY THE GOV	DATA IN THIS APPLICATION OF THE	TION/PREAPPLICATI	ION ARE TRUE AND CORRECT, THE E APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Repre REFUJIO BOCANEGRA		b. Title GENERAL MANAG	ER	c. Telephone Number (760) 329-6448	
d. Signature of Authorized Representation	entative DOCANE			e. Date Signed	
Previous Edition Usable	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<u> </u>	9-23-62 Standard Form 424 (Rev. 7-97)	
Authorized for Local Reproduction	V			Prescribed by OMB Circular A-102	

					Calefornia	
APPLICATION FOR					clearinghouse	3-0043
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Appli	Caletornia Clearinghouse Fax: 916.323.3	~10c
TOPINE ACCION		June 8,20	x2_		Tax: 4(6.343 0	~~
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B		State		····
Application	Preapplication					
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Fede		
Mon-Construction	Non-Construction					
5. APPLICANT INFORMATION						
Legal Name: Pesticide Action	Network MATA	Profess V	Grganizational Unit.	Va	tabase Program	h
Address (give city, county, State	. and zip code):				f person to be contacted on a	matters involving
1 49 Towell Sh	reet #5091011	SEP 2 5 200	this application (give ar	ea code,)	_
San Francis co		SEP 2 5 200	Jusan K	egle	ey 415-981-17	71
6. EMPLOYER IDENTIFICATIO	San Francisco		1			*************************************
		TE OLEADING	HOUSE	N E : { BNE	er appropriate letter in box)	\overline{N}
94-2949	16/8/6 STA	TE CLEARING	A. State	H. Indec	pendent School Dist.	[7]
8. TYPE OF APPLICATION:	<u></u>				Controlled Institution of High	er Learning
I⊠. Nev	v Continuation	☐ Revision	C. Municipal		te University	
ļ —			D. Township	K. Indiai	n Tribe	Ì
II Revision, enter appropriate lett	ter(s) in box(es)		E. Interstate	L. Indivi		
			F. Intermunicipal	M. Profit	Organization	C:+
A. Increase Award B. Dec D, Decrease Duration Other(rease Award C. Increase	Duration	G. Special District	N. Other	r (Specify) Non-pro-	
O, Decrease Duration Other	specity).		9. NAME OF FEDERA	AGEN	ICY:	
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10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	LE OF A	PPLICANT'S PROJECT:	-
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		es, etc.):	and two	4512	in loxicity -	aya
California and	national			1		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:	<u> </u>			
Start Date Ending Date	a. Applicant		b. Project	· L	~	
11-1-02 12-31-03	San Francis	Ð	National	7 (California	
15. ESTIMATED FUNDING:			16. IS APPLICATION S	UBJEC	T TO REVIEW BY STATE E	XECUTIVE
			ORDER 12372 PRO	DCESS?	1	
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b. Applicant	S				TON/APPLICATION WAS M	
D. Applicant		•	PROCESS F		STATE EXECUTIVE ORDE	M 123/2
c. State	\$	oc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	VICIE	Thurt OIV	}
		•	DATE			
d. Local	\$	00				
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e. Other	\$	•			S NOT BEEN SELECTED B	YSTATE
1. Program Income	\$	00	FOR REVI			
it a toficili strocale		• 7	17 IS THE ADDITIONS	TACIA	QUENT ON ANY FEDERAL	DERT?
g. TOTAL	\$ -0	0 m D .00				
		000 -	Yes If "Yes," at		•	⊠ No
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALL	DATA IN THIS APPLIC	ATION/PREAPPLICATI	ON ARE	TRUE AND CORRECT, TH	E
DOCUMENT HAS BEEN DULY			APPLICANT AND THE	APPLI	CANT WILL COMPLY WITH	THE
ATTACHED ASSURANCES IF 1						
a. Type plame of Authorized Repr	of - Buckward	Hanaging I	DIECHCEIVED		one Number 2 - 98/-/77/	
d. Signavare of Authorized Regres	sentative Sentative	110000	1111 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	• •		
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Prescribed by OMB Circular A 102

-APPLICATION FOR	₹				,	· Calefor	nia	1-004
FEDERAL ASSIST		2. DATE SUBMITTED			Applic	Californian Clearingh	ouse	
*		July 19,7	002	, •	1	francis	206 EE	
1. TYPE OF SUBMISSION:	T TE	3. DATE RECEIVED B	FRIATI	E	State	700.1101	<i>,</i> - G	
Application	1 TO CONTROLL OF THE PARTY OF T							
Construction	Construction	4. DATE RECEIVED B	M HEDEI	RAL AGENCY	Feder			
Non-Construction 5. APPLICANT INFORMATIO	Non-Construction	<u> </u>	1		<u></u>			
Legal Name:		- Lazz 1	Organ	izational Unit:	4-			
Canopy Institut	e	- DINALIA			eu Hw	e Working	GVALD	
Address (give city, county, Sta	te, and zip code); STATE	CLEARING HO	YName.	and telephone n	rumber of	person to be contact	ted on matters in	volvir
ITAS MOSKINGTON OT,	477 1700		1	plication (glve ar		· Carara		А
San Francisco, San	· Francisco County,	CA, 9411.	יוסל	notica Ma	inell	(415) 4 2	1-4213 x10.	4
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN);		7. TYP	E OF APPLICA	NT: (ente	r appropriate letter l	n box)	
91-216	0435						N	
8. TYPE OF APPLICATION:			A. St	ale ounty	•	andent School Dist.	-415.1	
⊠ Ne	w Continuation	Revision	1	unicipal		Controlled Institution University	or Higher Learning	9
		T uearsiou	ı	wnship	K. Indian	•		
If Revision, enter appropriate to	tter(s) in box(es)		E. Int		L. Individ			
A. Increase Award B. De	ecrease Award C, Increase	. Durania	1	ermunicipal	M. Profit	Organization	F+	
	r(spacify):	Duration	G. S	pecial District	N. Other	(Specify) Now -	DVUI 11	
	•		9. NAM	E OF FEDERA	L AGENO	Y:		
			14	S, EPA	Roa	ten IX		
			VI.	٠/ ١ ـــ ١ / ١	(,,2)	101.1		
10. CATALOG OF FEDERAL	OMESTIC ASSISTANCE NU	IMBER:	11. DE	SCRIPTIVE TIT	LE OF A	PLICANT'S PROJ	ECT:	
	. [66-606	FA	WG: C	Maloo	vating f	5 √ 8.	
TITLE:	,		1	-	_	~		
12. AREAS AFFECTED BY PE	OJECT (Cities, Counties, Sta	tes, etc.):	1 me	alamen	F 006	d Systen	3	
California				•		-		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:	<u> </u>				····	
Stan Date Ending Date Aug 2002 Dec 2003	a. Applicant District 8, Co	differential	b. Proje	of Area	Calif	fornia dist	victs	
15. ESTIMATED FUNDING:	of Control of Co	CICTONING						
, ,	•		Į.	DER 12372 PRO		TO REVIEW BY ST	A IE EXECUTIVE	
a. Federal	\$	∞	¥,,,,		OLGG:			
<u>US EPA</u>	10,000		a. YES			ON/APPLICATION V		
b. Applicant	5	500				TATE EXECUTIVE	ORDER 12372	
c. State	\$	000		PROCESS F	OH HEVI	EW ON:	4	
d. Local	•	····		DATE				
g. Local	\$. ~	h Ma	(M. DDOOMAL)	[10.110=			
e. Other	\$	_00	D. 140.			COVERED BY E. O NOT BEEN SELEC		
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f. Program Income	,\$. 00						ĺ
g. TOTAL	\$ 10.000	80	17. IS T	HE APPLICANT	DELINO	UENT ON ANY FE	ERAL DEBT?	
	10,000	,		s If "Yes," att			⊠ No	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, ALL	DATA IN THIS APPLICA	TIONP	REAPPLICATIO	N ARE T	RUE AND CORREC	OT. THE	
DOCORIEM! UND BEEN DOFA	MAINORIZED BY THE GOV	ERNING BODY OF THE	APPLIC	ANT AND THE	APPLIC	ANT WILL COMPLY	WITH THE	
ATTACHED ASSURANCES IF a. Type Name of Authorized Rep		DEO.						
Carin D'Oliva	_	Executive	Dirai	for 10.	4 47	ne Number		ļ
d. Signature of Authorized Repre	sentative /	- O -	A E	EIVED le	Date 5%	1 - 17-17-17		\dashv
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Prescribed by OM8 Circular A-102

PART I - FACE SHEET

APPLICATION FOR	NCF 1. TYPE OF SUBMISSION:				
	/~/~///////////////////////////		Non-Construction		
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 09/19/02		STATE APPLICATION ID	ENTIFIER:		
2b. APPLICATION ID:	4. DATE RECEIVED:		GRANT NUMBER:		
03SR026235	09/19/02				
5. APPLICATION INFORMATION			1		
LEGAL NAME: LOS ANGELES DEPT OF	REC AND PARKS	PERSON TO BE area codes):	CONTACTED ON MATTE	R PROJECT DIRECTOR OR OTHER RS INVOLVING THIS APPLICATION (give	
ADDRESS (give street address, city, stat	e and zip code):	NAME: Jacquelin	•		
200 N Main St	TELEPHONE NUMBER: 3234614364 FAX NUMBER: 3239931964 INTERNET E-MAIL ADDRESS: jraycraf@rap.lacity.org				
Los Angeles CA 90012					
6. EMPLOYER IDENTIFICATION NUMBE	ED (EINI)	7. TYPE OF APP		passy org	
956000735	ar (Emy.	7a. Local Govern			
750000755		7b. Local Govern	•		
8. TYPE OF APPLICATION:			-		
X NEW CO	NOITAUNITH				
REVISION					
If Revision, enter appropriate letter(s) in t	pox(es):				
A. Increase Award B. Decrease A	ward C. Increase Duration				
	ward C. Increase Duration	distance of the second			
D. Decrease Duration		9. NAME OF FEDERAL AGENCY:			
		Corporation for National and Community Service			
10a. CATALOG OF FEDERAL DOMESTIC		1	VE TITLE OF APPLICANTS	B PROJECT:	
10b. TITLE: Retired and Senior Voluntee		LOS ANGELI	ES PARKS RSVP		
	ist Cities, Counties, States, etc): vood, Los Feliz, Crenshaw, Westchester, Miracle Koreatown, Baldwin Hills, Lennox, and the foll				
13. PROPOSED PROJECT: START DATE	E: 11/01/02 END DATE: 10/31/03	14. PERFORMAI	NCE PERIOD: START DA	TE: END DATE:	
15. ESTIMATED FUNDING:	STATE OF THE STATE	16. IS APPLICAT	TION SUBJECT TO REVIE	W BY STATE EXECUTIVE	
a. FEDERAL	\$ 141,310.00	ORDER 12372 F			
b. APPLICANT	\$ 154,804.00			CATION WAS MADE AVAILABLE DER 12372 PROCESS FOR	
c. STATE	\$ 0.00	REVIE	EW ON:	VE GROEN 123121 NOSEGG FOR	
***************************************	A A A A A A A A A A A A A A A A A A A	DATE	: 03-SEP-02		
d. LOCAL	\$ 0.00				
e. OTHER	\$ 154,804.00			PHONE PHONE AND A CONTROL OF THE CON	
f. PROGRAM INCOME	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? YES if "Yes," attach an explanation. X NO			
g. TOTAL	\$ 296,114.00			planation. X NO	
18. TO THE BEST OF MY KNOWLEDGE DULY AUTHORIZED BY THE GOVERNI IS AWARDED.	AND BELIEF, ALL DATA IN THIS APPLICA NG BODY OF THE APPLICANT AND THE	ATION/PREAPPLICA APPLICANT WILL C	TION ARE TRUE AND CO	ORRECT, THE DOCUMENT HAS BEEN CHED ASSURANCES IF THE ASSISTANCE	
a. TYPED NAME OF AUTHORIZED REP	RESENTATIVE: b. TITLE:		c	. TELEPHONE NUMBER:	
Manuel A, Mollinedo	General Manager	r		(213) 473-6833	
April 1976; 46-11-11-11-11-11-11-11-11-11-11-11-11-11	/1 == 0%1/Pto Pt = 1		d	. DATE:	
				09/19/02	
	Symposium and the second secon		C.		
			SCP 23 2		
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	200	
			1m²	~	

APPLICATION	ON FOR		2. DATE SUBMITTED	Applicant Identifier	
FEDERAL A	SSISTANC	E	:		
1. TYPE OF SUBMISS	ION		3. DATE RECEIVED BY STATE	State Application Identifier	
Application		Preapplication			
D Construction Non-Construction		D Construction D Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFOR	NOITAM	,			
Legal Nume: Bay	Area Air Qua	lity Management District	Organizational Unit:		
	y, sak, and ip code): Ellis Street Francisco, C	-	Name and telephone number of the person to be contrapplication (give area code) Peter Hess, Pollution Control Officer		
6. EMPLOYER IDENTI 9.4-1.1	IFICATION (EIN): 6 2 2 7 4 6	,	C. Municipal I. Private Unive D. Township K. Indian Tribe	School District led Institution of Higher Learning craity	
If Revision, enter appropriate A. Increase I. C. Increase I	Continuation © Revision rists letter(s) in box(cs): Award H. Decrease Duration D. Decreas	D D Award	E. Indevidual F. Intermensional M. Profit Organ G. Special District N. Other (Speci		
Other Specify	7.		9. NAME OF FEDERAL AGENCY: Environmental Protecti	on Agency	
.10. CATALOG OF FED	ERAL	÷	11. DESCRIPTIVE TITLE OF APPLICANT'S PRO	лест:	
DOMESTIC ASSISTANCE NUMBER & Q Q Q L TITLE: Air Pollution Program			Air Pollution 105 Grant Support: Basic Grant: \$ 1,286,241 CAPCOA Pass-thru 287,764		
Alameda, Cont	ra Costa, Ma	counties of: Trin, Napa, San Francisco nd parts of Solano and	TOTAL GRANT REQUEST	\$ 1,574,005	
13. PROPOSED PROÆ	T :	14. CONGRESSIONAL DISTRICT OF:	(
Start Date	End Date	a. Applicant:	SEP 2 3 2002	b. Project	
10/1/02	9/30/03	02	<u> </u>	04-13	
15. Estimated Funding:		,	16. IS APPLICATION SUBJECT TO REVIE 12372 PROCESS?	W BY STATE EXECUTIVE ORI	
e. Federal .		1,574,005.00	L YES. THIS PREAPPLICATION/APPLIC	CATION WAS MADE AVAILAB	
b. Applicant		17,751,729.00	TO THE STATE EXECUTIVE ORDER I ON:	2372 PROCESSES FOR REVIEW	
c. State		1,863,870.00	DATE 9/18/02	·	
d. Locai		13,466,000.00		•	
e. Other		1,076,000.00	D PROGRAM IS NOT COVERED BY E D OR PROGRAM HAS NOT BEEN SEL		
f. Program Income		\$	17. IS THE APPLICANT DELINQUENT ON ANY I	EDERAL DEBT7	
g. TOTAL		\$ 35,731,604.00	O Yes If "Yes" allach an explanation.	⊅ No	
BEEN DULY	T OF MY KNOWLEDS AUTHORIZED BY TH ANCE IS AWARDED.	GE AND BELIEF. ALL DATA IN THIS APPLICANTE GOVERNING BODY OF THE APPLICANT	PLICATION/PREAPPLICATION ARE TRUE AND COF IT AND THE APPLICANT WILL COMPLY WITH THI	RECT, THE DOCUMENT HAS E ATTACHED ASSURANCES IF	
a. Typed Name of Author	rized Representative. 11en Garvey		b. Tids: Air Pollution Control Officer	c. Telephone Number (415) 749–4970	
d. Signature of Authorize	d Representation			e. Date Signed	
	We			9/18/02	
evroum Educini Pick Limble			1	Sundard Form 424A (REV of Prescribed by OMB Carolin A	
		1			

UDS Number: 090780

OMB Approval No. 0348-0043

APPLICATION FOR	2. DATE SUBMITTED	Applicant Identifier
FEDERAL ASSISTANCE	August 13, 2002	
1, TYPE OF SUBMISSION: Application Preapplication	3. DATE RECEIVED BY STATE	State Applicationt Identifier
Construction Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Non-Construction Non-Construction		H80CS001: H80CS00' MCIP
5. APPLICANT INFORMATION		
Legal Name: COMMUNITY MEDICAL CENTER		
Address (give city, county, state, and zip code) 701 EAST CHANNEL STREE PO BOX 779	AUG 2 0 2002 Micrael H. Kirkpat	of the person to be contacted on matters involving trick Chief Executive Officer
STOCKTON CA 952010779	(209) 944-4705	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):	CLEARING HOUSEPUCANT:	enter apprpriate letter in box) N
1942437106A1	A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:	B. County C. Municipal	State Controlled Institution of Higher Learning
New Continuation	Revision D. Township E. Interstate	J, Private University K. Indian Tribe
If Revision, enter appropriate letter(s) in box(e	F. Intermunicipal	L. Individual Other: Private Non-Profit
	ration 9. NAME OF FEDERAL AGI	
	HHS, BPHC	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER	BER: 11. DESCRIPTIVE TITLE OF	APPLICANT'S PROJECT
93.246 MIGRANT HEALTH PROGRAM		nary Care Migrant and Community Health
93.246 COMMUNITY HEALTH CENTERS	Program.	
93.246		
40. ADDAG ASSECTED BY BROJECT. (-Year assertion plates	and to 1.	
12. AREAS AFFECTED BY PROJECT (cities, counties, states	etc.j.	
3, 4, 11		
	IONAL DISTRICTS O	
Start Date Ending Date a. Applicant	b.	Project
12/01/2002 11/30/2003 11		3, 4, 11
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW	BY STATE EXECUTIVE ORDER 12372 PROCES
a. Federal \$2,162,681.00	1	CATION WAS MADE AVAILABLE TO THE STATE
b. Applicant \$0.00	EXECUTIVE ORDER 12372 PROCESS FO	•
a Clate		
c. State \$1,392,642.00	b. V PROGRAM IS NOT COV	
d. Local \$685,408.00	NO.	OT BEEN SELECTED STATE FOR REVIEW
e, Other \$422,953.00	ONTROJAMINATIO	T DELIVER OF THE FOR NEVERY
f. Program Income \$10,330,454.00	17. IS APPLICATION DELINQUENT ON ANY	FEDERAL DEBT?
g. TOTAL \$14,994,138.00	YES If "Yes", attach a	an explanatio V NO
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DA' AUTHORIZED BY THE GOVERNING BODY OF THE APPLICAN'		
a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Michael H. Kirkpatrick	Chief Executive Office	, — , — · · · · ·
d. Signature of Authorized Representative		e. Date Signed

APPLICATI FEDERAL		CE	2. DATE SUBMITTED		Applicant Identifier	B Approval No. 0348-0043
TYPE OF SUBMISS Application Construction	ION: **Preapplica** **Consti		3. DATE RECEIVED B		State Application Identifier	
☐ Non-Constructio	n D Non-C	onstruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFOR						
Legal Name:				Organizational Unit:		
<u>Biola Commur</u>			ct		N/A	
P.O. Box 5 Biola, CA Fresno Cou	57 93606	de).		application (give area	Bellvomini, Manager	on matters involving this
6. EMPLOYER IDENT	7			7. TYPE OF APPLIC	ANT: (enter appropriate letter in box) H. Independent School	<u> </u>
[9]		9089		B. County	· · · · · · · · · · · · · · · · · · ·	titution of Higher Learning
8. TYPE OF APPLICATION: New Continuation Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)			C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):			
				Rural Ut	al Development ilities Services	
10. CATALOG OF FE ASSISTANCE NU Water and TITLE: Prog	мвея: - Waste Dis	posal Loai	$\frac{7}{6}$ and Grant		ater Well #4	
12. AREAS AFFECTE The area City of Bio	served by	the Biola	CSD in the			
13. PROPOSED PRO	JECT:	14. CONGRESS	IONAL DISTRICTS OF:			
Start Date	Ending Date	a. Applicant			b. Project	
11-02	02-03	19			19	
15. ESTIMATED FUN	DING:				EVIEW BYSTATE EXECUTIVE ORDI	ER 12372 PROCESS?
a. Federal	S	649,800	.00	12372 PROCESS FO		SEE TO THE STATE EXCOUNTE
b. Applicant	S.	r	.00 DATE_	9/17/02		
c. State	s.	0	.00 b. NO	PROGRAM IS NO	OT COVERED BY E.O. 12372	SEP 2 2002
d. Local	S	0	.00	OR PROGRAM H	HAS NOT BEEN SELECTED STATE FO	OR REVIEW
e. Other	S	0	.00			
I. Program Income	S	0	TYES	ATION DELINQUENT If "Yes," attach an ex	ON ANY FEDERAL DEBT?	⊠ No
g. TOTAL	S .	649,800	1 .			
18. TO THE BEST OF AUTHORIZED BY THE	MY KNOWLEDGE A	NO BELIEF, ALL D	ATA IN THIS APPLICATI	ON PREAPPLICATION OF WILL COMPLY WITH	I ARE TRUE AND CORRECT, THE DO H THE ATTACHED ASSURANCES IF I	CUMENT HAS BEEN DULY THE ASSISTANCE IS AWARDED
a. Typed Name of				b. Title		c. Telephone number
	o Rahago			Board	President	(559) 843-2657
d. Signature of Aut	horized Representa					e. Date Signed

View Print Page 1 of 8



Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Project ID:	CA-90-Y218
Budget Number:	1 - Budget Pending Approval
Project Information:	Replace 40` CNG Buses; COP FY'03

Part 1: Recipient Information

Project Number:	CA-90-Y218
Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Address:	100 NORTH BARRANCA ST. SUITE 100, WEST COVINA, CA 91791 1600
Telephone:	(626) 967-2274
Facsimile:	(626) 915-1143

Union Information

Recipient ID:	5551
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20016 4139
Contact Name:	James La Sala
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824

Recipient ID:	5551
Union Name:	TRANSPORTATION COMMUNICATION UNION (TCU)
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti

Telephone:	(301) 948-4910	
Facsimile:	(301) 948-1369	

Recipient ID:	5551
Union Name:	UNITED TRANSPORTATION UNION (UTU)
Address 1:	14600 Detroit Ave.
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie Mc Nelis
Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755

Recipient ID:	5551				
Union Name:	INTERNATIONAL BROTHERHOOD TEAMSTER				
Address 1:	25 Louisiana Ave. N.W.				
Address 2:					
City:	Washington, D.C., MD 20001 0000				
Contact Name:	James Hoffa				
Telephone:	(202) 624-6800				
Facsimile:	(202) 624-8110				

Part 2: Project Information

Project Type:	Grant	Gross Project	\$22,024,917	
Project Number:	CA-90-Y218	Cost:	·, · · · ·	
	Replace 40' CNG Buses;	Adjustment Amt:	\$0	
Project Description:	COP FY'03	Total Eligible Cost:	\$22,024,917	
Recipient Type:	City	Total FTA Amt:	\$17,550,900	
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0	
Recipient Contact:	Gil Victorio 626.967.2274 x	Total Local Amt:	\$4,474,017	
	234	Other Federal	\$0	
New/Amendment:	None Specified	Amt:	20	
Amend Reason:	None Specified	Special Cond Amt:	\$0	
		ALONS (1971)		
Fed Dom Asst. #:	20507	Special Condition:	None Specified	
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified	
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified	
Start/End Date:	- Dec. 31, 2003	Est. Oblig Date:	None Specified	
Recvd. By State:		Pre-Award	Yes	
EO 12372 Rev:	YES	Authority?:		
		Fed. Debt	and the state of t	

Review Date:	None Specified	Authority?:	No	
Planning Grant?:	NO	 Final Budget?:	No	
Program Date (STIP/UPWP/FTA Prm Plan) :	Dec. 31, 2003	American Ame		
Program Page:	•			
Application Type:	Electronic			
Supp. Agreement?:	Yes			
Debt. Delinq. Details:				

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES, CA

Congressional Districts

State ID District Code		District Official
6	28	David Dreier
6	31	Hilda L Solis
6	34	Grace F Napolitano
6	41	Gary G Miller

Project Details

SERVICE DESCRIPTION:

Foothill provides public transportation services to San Gabriel and Pomona Valleys in Los Angeles County, California. The organization operates 27 lines throughout the 21 cities in the Los Angeles County. The cities are Arcadia, Azuza, Baldwin Park, Bradbury, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Industry, Irwindale, La Puente, La Verne, Monrovia, Pomona, San Dimas, South El Monte, Temple City, Walnut and West Covina.

Within the Foothill Transit service area, there are three other transit agencies providers that are operating in the project location. The transit operators are: Metropolitan Transit Authority, Omni Trans and Montebello Bus Lines.

Foothill Transit's most unique feature is that it has no employees - both its management and operations are provided under contract to private enterprises. Administration is contracted to ATC/Forsythe and Associates. Operations and maintenance are contracted to Laidlaw Transit, Inc. and First Transit, Inc. The contractors' names, addresses, phone and fax numbers are as follows:

ATC/Forsythe & Associates One Mid America Plaza, Suite 401 Oakbrook Terrace, IL 60181 Tel. (630) 571-7070 Fax (630) 571-6454

Laidlaw Transit Services

View Print Page 4 of 8

5360 College Blvd. Suite 200 Overland Park, Kansas 66211 Tel. (800) 821-3451 Fax (913) 345-9974

First Transit, Inc. 705 Central Avenue Suite 500 Cincinatti, OH 45202 Tel. (513) 241-2200 Fax (513) 381-0149

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
111-00 BUS - ROLLING STOCK	203	\$17,350,900	\$21,724,917
ACTIVITY			
11.12.01 FY03- COP PAYMENTS FOR BUSES; LA52402	160	\$5,167,900	\$6,459,917
11.12.01 BUY REPLACEMENT 40-FT BUS (CMAQ)	43	\$12,183,000	\$15,265,000
SCOPE	•		·
119-00 BUS STOP ENHANCEMENTS, LA963526	0	\$200,000	\$300,000
ACTIVITY	•		
11.92.08 BUS STOP ENHANCEMENTS	0	\$200,000	\$300,000
	Estimated To	tal Eligible Cost:	\$22,024,917
		Federal Share:	\$17,550,900
		Local Share:	\$4,474,017

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier		
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier		
□ Construction Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORMATION					
Legal Name: STATE OF CALIFORNIA DEPARTMENT O	F HEALTH SERVICES	Organizational Unit: DEPARTMENT OF HEALTH SI	ERVICES		
Address (give city, county, state, and zip cou 601 NORTH SEVENTH STREET P.O. BOX 942732 SACRAMENTO CA 94234-7320	de):	Name and telephone number of involving this application (give a ROBIN R HOOK (916) 323	,		
6. EMPLOYER IDENTIFICATION (EIN):		7. TYPE OF APPLICAN	IT: (enter appropriate letter here)A		
<u>68-0317191</u>			H. Independent School District State Controlled Institution of Higher Learning Private University		
		D. Township	K. Indian Tribe		
8. TYPE OF APPLICATION:	.	E. Interstate L	Individual		
■ New □ Continuation □	1 Revision	F. Intermunicipal A	1. Profit Organization		
If Revision, enter appropriate letter(s) in bo	ox(es):	G. Special District N	N. Other (Specify):		
A. Increase Award B. Dec C. Increase Duration D. Dec Other Specify:	rease Award rease Duration	9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.471		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
TITLE: Operator Certification Expense Reim	shureament Grante	Drinking Water Operator Training & Certification Expense Reimbursement			
12. AREAS AFFECTED BY PROJECT (cit etc.):		·			
STATEWIDE			SEP 1 7 2002		
13. PROPOSED PROJECT:	14. CONGRESSIONAL	DISTRICT OF	<u> </u>		
Start Date	a. Applicant: 1-45		b. Project: STATEWIDE		
15. Estimated Funding:		16. IS APPLICATION SU	IBJECT TO REVIEW BY STATE EXECUTIVE		
a. Federal	\$ 8,058,720	ORDER 12372 PRO			
b. Applicant	\$	TO THE STATE EXECUTIVE C	ON/APPLICATION WAS MADE AVAILABLE PRDER 12372 PROCESSES FOR		
c. State	\$	REVIEW ON:	9/16/02		
d. Local	\$	~	OT COVERED BY E.O. 12372		
e. Other	\$	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
f. Program Income \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 8,058,720	☐ YES If "Yes" attach a	n explanation.		
18. TO THE BEST OF MY KNOWLEDGE A DOCUMENT HAS BEEN DULY AUTHO THE ATTACHED ASSURANCES IF TH	ND BELIEF, ALL DATA IN T DRIZED BY THE GOVERNIN E ASSISTANCE IS AWARDI	HIS APPLICATION/PREAPPLICA G BODY OF THE APPLICANT AN ED.	TION ARE TRUE AND CORRECT, THE ID THE APPLICANT WILL COMPLY WITH		
a. Typed Name of Authorized Representation		b. Title: Chief Deputy Director Department of Health Services	c. Telephone Number (916) 653-9076		
d. Signature of Authorized Representative			e. Date Signed		

キャイノマックトコ ハーハウル

OMB Approvol No. 0248-0043 APPLICATION FOR AP(II do milifor A. DATE SUGMATED **FEDERAL ASSISTANCE** 1. TYPE OF BURNINGH Stare Application Identities D. DATE RECEIVED BY STATE Application

Construction Progpodication Construction Federal Identifior 4. DATE RECEIVED BY FEDERAL AGENCY Non-Construction □ Non-Construction E. APPLICANT INPORTATION Logal Name: Ovsenizational Unit: STATE CLEARING HOUSE Antelope Valley Transit Authority Name and telephone number of the person to be contained on malters breaking this application (give where code) Address (give city, bounty, state, and zip code); 1031 West Avenue L-12 Ron Cunningham Lancaster, CA 93524 661-726-2616 ext 209 6. EMPLOYER IDENTIFICATION NUMBER (GINE 7. TYPE OF APPLICANT: funtur appropriate latter in hori GT A. State H. Independent School Oler. 5 3 7 1 9 1 L. State Controlled Institution of Higher Learning B. County O. TYPE OF APPLIDATION: J. Private University D. Municipal K. Indian Tithe a Township Continuation ☐ Revision E. lessasiate L Individual M. Profit Organization E Intermunicipal if Florision, unter appropriate letter(a) in box(ee): G. Special District N. Other (Specify): A. Indress Award A. Decretes Award C. Increase Dureston NAMEOFFERMASSMON U.S. Department of Transportation D. Doorsuos Duration Other (seedly): Federal Transit Administration 10. CATALOG OF PEDERAL DOMBETTO 11. DESCRIPTING TITLE OF APPLICANTS PROJECT Capital assistance for the purchase of 3 mme Federal Transit -- Formula Grants over the road commuter coaches, 3 local (Urbanized Area Formula Program) transit buses, I support vehicle, on-board security camera system for each but, maintenance dadministration accipant, the COP (keep) payments, and construction of 12. AREAS AFFECTED BY PROJECT (DEAL COUNTRY ATERS OR); Antelope Valley portion of northern Los Angeles County, California a maintanance + administration Cacility 12. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF Stan Date Ending Date a. Applicant b. Project 07-01-02 06-30-04 つち 18, ESTIMATED PUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? A. Federal 4. YES, THIS PREAPPLICATION WAS MADE AVAILABLE TO THE 10,592,735 00 STATE EXECUTIVE DADER 12372 PROCESS FOR REVIEW ON: b. Applicant 8 Δů. DATE a. Rish 3 00 b NO. X PROGRAM IS NOT OPVERED BY 6.0.12272 d. Local 2,946,395 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW a, Other ňΩ f. Program Income .bo 17. IS THE APPLICANT DELINOUENT ON ANY FEDERAL DEETY g. TOTAL · 13,539,130 00 If "YOU," attends or explanation. 18. TO THE BEST OF MY KNOWLEDGE AND DELIGE, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE OCVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COUPLY WITH THE ATTACHED ABSURANCES IF THE ASSISTANCE IS AWARDED e. Typed Neural of Authorized Representative b. Tale o. Telephone number William Budlong Executive Director 661-726-2616 d. Signature of Authorized Representative a Date Blanco 9/19/02 Mous Edillone Not Leeb

Application for Federal Assistance

Assistance	2. Date Subm	ubmitted 11/15/02			Applicant Idenlifier		
Type of Submission:		3. Date Recei	ved by Sta	le		State Application Identifier	
Application: Constru	uction						
Preapplication:	TO E G	4 Date Recei	15	Agency		Federal Identifier B-03-MC-05-0003	
5. Applicant Information							
Legal Name City of Sacramen	ro MM SE	P 17 20	02	Organizatio Sa		using and Redevelopment Ag	gency
Address 630 I Street Sacramento, CA 9581 Sacramento Sacramento			HOU	Contact SE 9 ²	nristine Groth 16 440 1322	Weichert	
6. Employer Identification Nu	mber (EIN):			7. Type of A	opplicant:		
946028238			····	. M	unicipal		
Type of Application: Type; Continuation					·		
				9. Name of	Federal Agency	·	· · · · · · · · · · · · · · · · · · ·
				U.	S. Dept. of H	ousing & Urban Developmen	ŧ
· ·	stic Assistance Number: 4,218 ommunity Developme		t .	Descriptive Title of Applicant's Project: 2003 Community Development Block Grant Projects			
12. Areas Affected by Project City of Sacramento	1.						
13. Proposed Project:		14, Cor	ngressional	Districts of:			
Start Date 01/01/03	End Date 12/31/03	a, Appl		The state of the s		b. Project 3rd, 4th, 5th, 11th	
15. Estimated Funding:			16. ls App	olication Subje	ect to Review by	State Executive Order 12372 P	rocess?
a. Federal	\$7,095,00	00	Re	Review Status: Program covered			
b. Applicant	\$0		Date: 09/17/02				
c. Slate	\$ 0.						
d. Local	d. Łocal \$0			7. Is the Applicant Delinquent on Any Federal Debt?			
e. Olher							
f. Program Income \$1,774,767							
f. Program Income	\$1,774,76	37					
f. Program Income	\$1,774,76 \$ 8,869,7						
g. Total	\$ 8,869,7	67	/preapplica	ation are true ched assuran	and correct, the ces if the assist	document has been duly author ance is awarded.	ized
g. Total	\$ 8,869,7 dge and belief, all data in applicant and the applica	67 In this application int will comply with the bigs of the bigs o	/preapplica vith the atta cutive Dire	iched assuran	and correct, the ces if the assist	document has been duly author ance is awarded. c. Telephone Number 916 440-1333	ized

Application for Federal

Assistance						
		2. Date Submitted	4	Applicant Identifier		
		11/15/02		CDBG 26		
Type of Submission:		3. Date Received by S	tale	State Application Identifier		
Application: Constru	uction					
Preapplication: Not App		4. Date Received by E	ederal Agency	Federal Identifier B-03-UC-06-0005		
5. Applicant Information						
Legal Name	- 		drganizational Unit			
County of Sacran	nento O T	or 1 7 2002	1 [[1 7]	ousing and Redevelopment Agency		
Address	<u> </u>	1 / / / / / / / / / / / / / / / / / / /	Conlact			
630 Street	0504		Christine Grott	n Weichert		
Sacramento, CA	OTATEC	LEARING HO	USE 916 440-1322			
Sacramento	STATE	LLAMINO				
6. Employer Identification Nu	mber (EIN):		7. Type of Applicant:			
96028238			County			
Type of Application: Type: Continuation						
Type: Continuation						
			9. Name of Federal Agend			
			i -	lousing and Urban Development		
10. Catalog of Federal Dome	stic Assistance Number:		11. Descriptive Title of Applicant's Project:			
	4.218		2003 Community Development Block Grant Projects			
Assistance Title: Co	ommunity Developme	nt Block Grant				
12. Areas Affected by Project	,		1			
County of Sacrament	ο .			And the second s		
13. Proposed Project:		14. Congression	al Districts of:			
Start Date	End Date	a. Applicant		b. Project		
01/01/03	12/31/03	3rd, 4	h, 5th, 11th	3rd, 4th, 5th, 11th		
15, Estimated Funding:		16. ls A	pplication Subject to Review t	by State Executive Order 12372 Process?		
a. Federal	\$8,526,00	O F	Review Status: Program covered			
			Date: 00/47/00			
b. Applicant	\$ 0		Date: 09/17/02			
c. State						
C. Siate	\$0					
d. Local		17, ls th	he Applicant Delinquent on Any Federal Debt?			
	\$0		No	,		
e. Other			140			
	\$ O					
f. Program Income	64 000 00					
	\$1,820,60	О		·		
g. Total \$ 10,346,606						
18. To the best of my knowled by the governing body of the a	tge and belief, all data in applicant and the applica	this application/preappli nt will comply with the at	cation are true and correct, the ached assurances if the assis	e document has been duly authorized stance is awarded.		
a. Typed Name of Authorized	'	b. Title		c. Telephone Number		
ANNE M. MOORE		Executive D	rector	916 440-1333		
d. Signature of Authorized Re	neces and ative			e. Date Signed		

OMB Approval No. 0348-0043 **APPLICATION FOR** Applicant Identifier 2. DATE SUBMITTED FEDERAL ASSISTANCE 09/13/2002 3. DATE RECEIVED BY STATE State Application Identifier 1. TYPE OF SUBMISSION: Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Los Angeles Shanti Foundation, Inc. Name and telephone number of the person to be contacted on matters involving this Address (give city, county, state, and zip code): application (give area code) 1616 N. La Brea Ave. Marc W. Haupert, Executive Director Los Angeles, CA 90028 (323) 962-8197 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): N 9 5 - 3 9 1 1 8 0 1 H. Independent School Dist. State Controlled Institution of Higher Learning County 8. TYPE OF APPLICATION В. Revision Private University ✓ New Continuation C. Municipal J. D. Township K. Indian Tribe Individual If Revision, enter appropriate letter(s) in box(es): Interstate Profit Organization Intermunicipal M. F. N. Other (Specify): Not-for-profit B. Decrease Award C. Increase Duration G. Special District A. Increase Award D. Decrease Duration Other (specify): 9, NAME OF FEDERAL AGENCY: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Sharing Lessons Learned from HIV Prevention Programs 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Los Angeles County, California 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT: b. Project Start Date **Ending Date** a. Applicant District 29 District 29 11/01/2002 06/30/2003 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED FUNDING: YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 25.000.00 a. Federal .00 b. Applicant \$.00 \$ c. State NO. PROGRAM IS NOT COVERED BY E.O. 12372 .00 d. Local OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW 24.939.00 e. Other s 17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? f. Program Income S ✓ No If "Yes," attach an explanation. 49 939.00 g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone number a. Typed Name of Authorized Representative Assoc. Dir. Evaluation & Research (323) 962-8197 Ximena Morgan e. Date Signed d. Signature of Authorized Representative 09/13/2002

Application for Federal Education Assistance (ED 424)

U.S.



Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information						
1. Name and Address		Org	ganizational Unit			
Legal Name: Willmore Urban Agend	<u>y</u>					
Address: 507 Pacific Avenue	2					
Long Beach						
City			<u> 90802</u> -			
3 A 11		State County	ZIP Code + 4			
2. Applicant's D-U-N-S Number		6. Novice Applicant	✓_YesNo			
3. Applicant's T-I-N 9 5 - 4 5		7. Is the applicant del (If "Yes," attach an	inquent on any Federal debt? Yes VNo			
4. Catalog of Federal Domestic Assistance		Tes, under an	i explanation.)			
Title: Department of Education Me		_ 3. Type of Applicant (Enter appropriate letter in the box.)			
5. Project Director Paula Ferris		A - State	F - Independent School District			
Address: 507 Pacific Avenue		B - Local C - Special District University	G - Public College or University H - Private, Non-profit College or			
Long Beach City State Tel #: (562) 437 1289 F	<u>CA90802</u>		I - Non-profit Organization J - Private, Profit-Making Organization			
Tel. #: (562-)437-1289 Fax #.	Example 2	K - Other (Specify):				
E-Mail Address: revpaf@charter.net			SEP 1 6 2002			
Application Information	THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM					
9. Type of Submission:		12 Are any research of				
-PreApplication -Application		any time during the	ctivities involving human subjects planned at se proposed project period?			
ConstructionConstruc	tion	Yes (Go to 12	(a.) No (Go to item 13.)			
Non-Construction Non-Con	astruction					
10. Is application subject to review by Exe	Cutive Order 19279	12a. Are all the re	esearch activities proposed designated to be			
A 1es (inche made available to the	Executive Order 12372 Executive Order 12372	exempt from the regulations?				
process for review): 7 / 2 / 2002	0.00(120)2	res (riovide i	Exemption(s) #);			
No. (If "No." aback convenient	7 7 1	No (Provide A	ssurance #):			
No (If "No," check appropriate inProgram is not covered						
Program has not been s	selected by State for review.	13. Descriptive Title of	Applicant's Project:			
	<u>02</u> <u>9 / 30 / 05</u>	roach Mentoling Fig.	gram in Long Beach, CA			
Start Date: Estimated Funding	End Date:	•				
and a distance of the second	Authorized Representativ	ve Information				
14a. Federal \$ 390/4/2	13. To the best of my know	wledge and belief, all da	ta in this preapplication/application are true			
	and correct. The document	has been duly authorize	ed by the governing body of the			
b. Applicant \$	and the applicant will comp	oly with the attached ass	surances if the assistance is awarded.			
c. State \$	a. Authorized Representativ	ve (Please type or print	name clearly.) Paula Ferris			
d. Local \$	b. Title: Executive Dire	ector	- Landed & Civis			
e. Other \$	c. Tel. #: (562-)	289 Fax #· (562-) 437 - 1710			
Program Income \$	d. E-Mail Address: E-Mail	Address: revpaf@ch	narter net.			
700 11/1 a	e. Signature of Authorized					
; TOTAL \$ 390, 191.	Date: 7 / 2 / 02	$\overline{\mathcal{T}}$				
r	- Addresses - Addr		Page 1			

OMB Approval No. 0348-0043

APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier			
FEDERAL ASSISTAN	NCE.	10/30/2001					
1. TYPE OF SUBMISSION:		3. DATE RECEIVE	D BY STATE		State Application Identifie	er .	
•	application						
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGE			Y Federal Identifier		
Non-Construction	Non-Construction						
S. APPLICANT INFORMA	ATION						
Legal Name: Neighborh	nood House	of Cale	xico	Organization	naturit:Private N	Non-Profit Organiz	
Address Igive city, county, stat	te, and zip code):				elephone number of person tion <i>(give area code)</i>	to be contacted on matters involving	
506 457 61					=		
506 4TH. St.	0000	31		Ricardo Ortega (760) 357-6875			
Calexico, Ca) 1					
6. EMPLOYER IDENTIFICATION	(EIN):			7. TYPE OF	APPLICANT: (enter appipi	[[
9 5 - 1	7 8 2 3	3 2 4		A. State B. Count	ty I. State Co	dent School Dist.	
8. TYPE OF APPLICATION:				C. Munic	ship K. Indian Ti	ribe	
	New X Con	tinuation 🗀 Re	vision	E. Inters	tate L. Individus	al roanization	
					al District N. Other (S	pecity) Nan-Prafit arg.	
If Revision, enter appropriate le	etter(s) in						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. Decrease Award Other (specify):	C. Increase Dur	ration				
D. Doorood Datation				9. NAME OF	F FEDERAL AGENCY:		
				United	d States Depa	artment of Agricul-	
				ture	-		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE	CE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
TO, CATALOG OF PEDERAL DE	MILOTTO AGGIOTATE						
TITLE:	1	0 - 7	6 9	Calexico Neighborhood House Micro- Business Support Services			
12. AREAS AFFECTED BY PRO	JECT (Cities, Countie	es, States, etc.)		1			
	perial			***************************************			
13. PROPOSED PROJE	CT 14. CONGI	RESSIONAL D	STRICTS	OF:			
Start Date Ending Date	a. Applicant			b. Pro			
01/01/0212/31/		52nd			52nd	TO DESCRIPT BY STATE EXECUTIVE	
15	. ESTIMATED F	UNDING			ORDER 12372 PROCESS?	TO REVIEW BY STATE EXECUTIVE	
a. Federal	\$	399,9	6 2	. !	a. YES. THIS PREAPPLICA	TION/APPLICATION WAS MADE HE STATE EXECUTIVE ORDER	
b. Applicant	\$	6,0	00	.00	12372 PROCESS	FOR REVIEW ON:	
c. State	\$.00	DATE		
d. Local	\$.00	b. NO PROGRAM IS	NOT COVERED BY E.O. 12372	
e. Other In kind	\$	30,0	00	.00	OR PROGRAM STATE FOR R	M HAS NOT BEEN SELECTED BY REVIEW	
f. Érogram Income	ş	14,1	84			UENT ON ANY FEDERAL DEBT?	
g. Total	\$	450,1		.00	YES (Attach explanation		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.						WARDED.	
a. Type Name of Authorized R			b. Title			c. Telephone Number (760) 357-6875	
Ricardo Orte			Exe	cutive	Director		
d. Signature of Authorized Rep	oresentative Jess		No. 10 Sept.		w#	e. Date Signed Oct. 31, 2001	
1	3					NOARD FORM 424 (REV. 4-92)	

		CATE CLIONATIED		1	Applicant Ident	mer	
ALLIOWION ON		2. DATE SUBMITTED					
EDERAL ASSISTANCE		August 30, 2002			State Application Identifier		
YPE OF SUBMISSION: 3. DATE RECEIVED BY STA		TOINIL		, ,			
aplication	Preapplication	4. DATE RECEIVED BY FEDERA		M AGENCY	Federal Identi	ier	
X Construction	☐ Construction 4.	. DATE RECEIVED B	14 LEDEIA	7 <u>.</u> 1(0)2.10			
X Non-Construction	☐ Non-Construction	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>,</u>				
APPLICANT INFORMATIO	N			Organizational	l !nit-		
THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS			1	Meal	ia Municio	al Airport	
egal Name: City of Visalia				Visalia Municipal Airport Name and telephone number of the person to be contacted on matters involving			
Address (give city, county, state and zip code):				Name and telephone number of the parties of the par			
707 West Acequia				this application (give area code) Mario Cifuentez II			
Visalia, Tulare County				559-713-4480			
California 932	91			·		stor concorriate letter	n box) C
California 93291				7. TYPE OF	/bbf/icwaar: (e	nter appropriate letter	acol Dist
S. EMPLOYER IDENTIFICATION NUMBER (EIN):				A. State H. Independent School Dist. I. State Controlled Institution of Higher Learning			I betilution of Higher Learning
9 4				B. County	•		
TYPE OF APPLICATION:		Continuation Revision		C. Munici	pal	J. Private Universit	у
	X New LJ '			D. Towns	hip	K. Indian Tribe	
		пП		E. Interst	ate	L. Individual	
Revision, enter appropriate	e letter(s) in box(es):	C. Increase Duration		F, Interm	unicipal	M. Profit Organizat	
 A. Increase Award 	E. Licordace	G. MOIOSGO DURANON		G. Speci	al District	N. Other (Specify)	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
 D. Decrease Duration 	Other (specify):			9. NAME OF	FEDERAL AG	ENCY:	d office
					Federal	Aviation Admini	stration
, , , , , , , , , , , , , , , , , , ,		2 0 5 1	0 6	11 DESCRI	PTIVE TITLE C	F APPLICANT'S PRO	JECT:
D. CATALOG OF FEDERA	AL DOMESTIC	2 0 = 1	10 10	4			
ASSISTANCE NUMBER				c	e Page 2	of Standard For	m 424
					, o . c.g		
TITLE: Airport I	mprovement Progra	m		-			1
2 AREAS AFFECTED BY	PROJECT (cities, counties,	states, etc.):				?.	50 4
County of Tul					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2002
County of Tul	are	14. CONGRESSION	VAL DISTE	L RICTS OF:			FP 1 6 2002
3. PROPOSED PROJEC	are	14. CONGRESSION a. Applicant	VAL DISTE	L RICTS OF:	and the state of t	b. Project	Section 1
3. PROPOSED PROJEC Start Date	T: Ending Date	a. Applicant				b. Project	21
3. PROPOSED PROJEC Start Date 2002	are T: Ending Date 2003	a. Applicant		ATVON SUB	ECT TO REVI	b. Project	21 TIVE ORDER 12372 PROCESS?
3. PROPOSED PROJEC Start Date	are T: Ending Date 2003	a. Applicant	19 IS APPLIC	CATION SUBJ	PLICATION/AF	b, Project EW BY STATE EXECU PLICATION WAS MAI	21 TIVE ORDER 12372 PROCESS? DE AVAILABLE TO THE
3. PROPOSED PROJEC Start Date 2002	are T: Ending Date 2003 G:	a. Applicant		CATION SUBJ	PLICATION/AF	b, Project EW BY STATE EXECU PLICATION WAS MAI	21 TIVE ORDER 12372 PROCESS? DE AVAILABLE TO THE
3. PROPOSED PROJEC Start Date 2002 15. ESTIMATED FUNDING	are T: Ending Date 2003	a. Applicant	19 IS APPLIC	CATION SUBJ	PLICATION/AF	b. Project	21 TIVE ORDER 12372 PROCESS? DE AVAILABLE TO THE
3. PROPOSED PROJEC' Start Date 2002 15. ESTIMATED FUNDING a. Federal	are T: Ending Date 2003 G: \$ 5,763,600	a. Applicant	19 IS APPLIC	CATION SUBJ THIS PREP STATE EXE	PLICATION/AF	b, Project EW BY STATE EXECU PLICATION WAS MAI	21 TIVE ORDER 12372 PROCESS? DE AVAILABLE TO THE
3. PROPOSED PROJEC' Start Date 2002 15. ESTIMATED FUNDING a. Federal	are T: Ending Date 2003 G: \$ 5,763,600	a. Applicant	19 IS APPLIC	CATION SUBJ	PLICATION/AF CUTIVE ORD	b, Project EW BY STATE EXECU PLICATION WAS MAI	21 TIVE ORDER 12372 PROCESS? DE AVAILABLE TO THE
3. PROPOSED PROJECT Start Date 2002 15. ESTIMATED FUNDING a. Federal b. Applicant	are T: Ending Date 2003 G: \$ 5,763,600 \$ 640,400	a. Applicant 16.	19 IS APPLK a. YES	CATION SUBJ THIS PREP STATE EXE DATE	PLICATION/AF ECUTIVE ORD 9/5/02	b. Project EW BY STATE EXECU PLICATION WAS MAI ER 12372 PROCESS F	21 TIVE ORDER 12972 PROCESS? DE AVAILABLE TO THE FOR REVIEW ON:
3. PROPOSED PROJECT Start Date 2002 15. ESTIMATED FUNDING a. Federal b. Applicant	are T: Ending Date 2003 G: \$ 5,763,600 \$ 640,400	a. Applicant	19 IS APPLIC	CATION SUBJ THIS PREP STATE EXE DATE	PLICATION/AF ECUTIVE ORD 9/5/02	b, Project EW BY STATE EXECU PLICATION WAS MAI	21 TIVE ORDER 12972 PROCESS? DE AVAILABLE TO THE FOR REVIEW ON:
3. PROPOSED PROJEC' Start Date 2002 15. ESTIMATED FUNDING a. Federal b. Applicant c. State	are T: Ending Date 2003 G: \$ 5,763,600 \$ 640,400	a. Applicant 16.	19 IS APPLK a. YES	CATION SUBJ THIS PREP STATE EXE DATE	PLICATION/AFECUTIVE ORD 9/5/02 PROGRAM IS I	b. Project EW BY STATE EXECU- PLICATION WAS MAI ER 12372 PROCESS F	21 TIVE ORDER 12372 PROCESS? DE AVAILABLE TO THE FOR REVIEW ON:
3. PROPOSED PROJECT Start Date 2002 15. ESTIMATED FUNDING a. Federal b. Applicant	are T: Ending Date 2003 G: \$ 5,763,600 \$ 640,400	a. Applicant 16.	19 IS APPLK a. YES	CATION SUBJ THIS PREP STATE EXE DATE	PLICATION/AFECUTIVE ORD 9/5/02 PROGRAM IS I	b. Project EW BY STATE EXECU- PLICATION WAS MAI ER 12372 PROCESS F	21 TIVE ORDER 12972 PROCESS? DE AVAILABLE TO THE FOR REVIEW ON:
3. PROPOSED PROJEC Start Date 2002 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local	are T: Ending Date 2003 G: \$ 5,763,600 \$ 640,400	a. Applicant 16.	19 IS APPLK a. YES	CATION SUBJ THIS PREP STATE EXE DATE	PLICATION/AFECUTIVE ORD 9/5/02 PROGRAM IS I	b. Project EW BY STATE EXECU- PLICATION WAS MAI ER 12372 PROCESS F	21 TIVE ORDER 12372 PROCESS? DE AVAILABLE TO THE FOR REVIEW ON:
3. PROPOSED PROJEC Start Date 2002 15. ESTIMATED FUNDING a. Federal b. Applicant c. State	are T: Ending Date 2003	a. Applicant 16.	19 IS APPLIC a. YES b. NO	CATION SUBJ THIS PREP STATE EXE DATE	PLICATION/AF ECUTIVE ORD 9/5/02 PROGRAM IS I	b. Project EW BY STATE EXECU- PLICATION WAS MAI ER 12372 PROCESS F NOT COVERED BY E.G. HAS NOT BEEN SELE	21 TIVE ORDER 12372 PROCESS? DE AVAILABLE TO THE FOR REVIEW ON: D. 12372 ECTED BY STATE FOR REVIEW
3. PROPOSED PROJEC Start Date 2002 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other	are T: Ending Date 2003 G: \$ 5,763,600 \$ 640,400 \$ 0	a. Applicant 16.	19 IS APPLIC a. YES b. NO	CATION SUBJ THIS PREP STATE EXE DATE	PLICATION/AF ECUTIVE ORD 9/5/02 PROGRAM IS I	b. Project EW BY STATE EXECU- PLICATION WAS MAI ER 12372 PROCESS F	21 TIVE ORDER 12372 PROCESS? DE AVAILABLE TO THE FOR REVIEW ON: D. 12372 ECTED BY STATE FOR REVIEW
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3. PROPOSED PROJEC' Start Date 2002 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income	are T: Ending Date 2003 G: \$ 5,763,600 \$ 640,400 \$ 0 \$ 0	a. Applicant 16.	19 IS APPLIC a. YES b. NO	CATION SUBJ THIS PREP STATE EXE DATE I	PLICATION/AF ECUTIVE ORD 9/5/02 PROGRAM IS I	b. Project EW BY STATE EXECU- PLICATION WAS MAI ER 12372 PROCESS F NOT COVERED BY E.O. HAS NOT BEEN SELE DN ANY FEDERAL DE	21 TIVE ORDER 12372 PROCESS? DE AVAILABLE TO THE FOR REVIEW ON: D. 12372 ECTED BY STATE FOR REVIEW
3. PROPOSED PROJEC' Start Date 2002 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income	are T: Ending Date 2003 G: \$ 5,763,600 \$ 640,400 \$ 0 \$ 0	a. Applicant 1600 .00 .00 .00 .00 .00 .00 .00	19 IS APPLIC a. YES b. NO	CATION SUBJ THIS PREP STATE EXE DATE I APPLICANT D Yes D	PLICATION/AF ECUTIVE ORD 9/5/02 PROGRAM IS I OR PROGRAM DELINQUENT OF TYPES," attach a	b. Project EW BY STATE EXECU- PLICATION WAS MAI ER 12372 PROCESS F NOT COVERED BY E.O. HAS NOT BEEN SELE ON ANY FEDERAL DE- an explanation	TIVE ORDER 12372 PROCESS? DE AVAILABLE TO THE FOR REVIEW ON: D. 12372 ECTED BY STATE FOR REVIEW BT? X No
3. PROPOSED PROJEC' Start Date 2002 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	are T: Ending Date 2003 G: \$ 5,763,600 \$ 640,400 \$ 0 \$ 0 \$ 0 \$ 0	a. Applicant 16. .00 .00 .00 .00 .00 .00 .00	19 IS APPLIC a. YES b. NO	CATION SUBJ THIS PREP STATE EXE DATE DATE APPLICANT [PLICATION/AF ECUTIVE ORD 9/5/02 PROGRAM IS I OR PROGRAM DELINQUENT OF "Yes," attach a	b. Project EW BY STATE EXECU- PLICATION WAS MAI FR 12372 PROCESS F NOT COVERED BY E.G. HAS NOT BEEN SELE ON ANY FEDERAL DE- an explanation RRECT. THE DOCUMENT	TIVE ORDER 12372 PROCESS? DE AVAILABLE TO THE FOR REVIEW ON: D. 12372 ECTED BY STATE FOR REVIEW BT? No HAS BEEN DULY
3. PROPOSED PROJEC' Start Date 2002 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	are T: Ending Date 2003 G: \$ 5,763,600 \$ 640,400 \$ 0 \$ 0 \$ 0 \$ 0	a. Applicant 16. .00 .00 .00 .00 .00 .00 .00	19 IS APPLIC a. YES b. NO	CATION SUBJ THIS PREP STATE EXE DATE DATE APPLICANT [PLICATION/AF ECUTIVE ORD 9/5/02 PROGRAM IS I OR PROGRAM DELINQUENT OF "Yes," attach a	b. Project EW BY STATE EXECU- PLICATION WAS MAI FR 12372 PROCESS F NOT COVERED BY E.G. HAS NOT BEEN SELE ON ANY FEDERAL DE- an explanation RRECT. THE DOCUMENT	TIVE ORDER 12372 PROCESS? DE AVAILABLE TO THE FOR REVIEW ON: D. 12372 ECTED BY STATE FOR REVIEW BT? No HAS BEEN DULY
Start Date 2002 15. ESTIMATED FUNDING a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KI AUTHORIZED BY THE G	are T: Ending Date 2003 G: \$ 5,763,600 \$ 640,400 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	a. Applicant 16. .00 .00 .00 .00 .00 .00 .00	19 IS APPLIC a. YES b. NO	CATION SUBJ THIS PREP STATE EXE DATE I APPLICANT I Yes II PLICATION ARE COMPLY WITH	PLICATION/AF ECUTIVE ORD 9/5/02 PROGRAM IS I OR PROGRAM DELINQUENT OF "Yes," attach a ETRUE AND COUNTY OF THE ATTACHER	b. Project EW BY STATE EXECU- PLICATION WAS MAI ER 12372 PROCESS F NOT COVERED BY E.O. HAS NOT BEEN SELE ON ANY FEDERAL DE- an explanation RRECT. THE DOCUMENT D ASSURANCES IF THE A	TIVE ORDER 12372 PROCESS? DE AVAILABLE TO THE FOR REVIEW ON: D. 12372 ECTED BY STATE FOR REVIEW BT? No HAS BEEN DULY ASSISTANCE IS AWARDED. C. Telephone Number
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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE			2. DATE SUBMITTED	Annieant Identifier E V E			
1. TYPE OF SUBI	MISSION estruction	Preapplication Construction	3. DATE RECEIVED BY STATE	State Application Identifier			
57M.	-Construction	□ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier			
5. APPLICANT IN	FORMATION			STATE CLEARING HOUSE			
The state of	ORNIA DEPARTMENT C	F HEALTH SERVICES	Organizational Unit: DEPARTMENT OF HEALTH SERVICES				
Address (give city, county, state, and zip code): 601 NORTH SEVENTH STREET P.O. BOX 942732 SACRAMENTO CA 94234-7320			Name and telephone number of the person to be contacted on matters involving this application (give area code) ROBIN R HOOK (916) 323-0871				
6. EMPLOYER ID	ENTIFICATION (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter here)A A. State H. Independent School District				
68-0317191			C. Municipal J	State Controlled Institution of Higher Learning Private University Indian Tribe			
8. TYPE OF APP	ICATION:		E. Interstate L	Individual			
■ New □ Continuation □ Revision			1. 11.001(10.11.11.11.11.11.11.11.11.11.11.11.11.1	M. Profit Organization			
If Revision, enter	appropriate letter(s) in b	ox(es):	G. Special District				
A. Increase Award C. Increase Duration Other Specify: B. Decrease Award D. Decrease Duration			9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.471 TITLE: Operator Certification Expense Reimbursement Grants 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): STATEWIDE			11. DESCRIPTIVE TITLE OF A	ng & Certification Expense Reimbursement			
		14. CONGRESSIONAL	DISTRICT OF				
13. PROPOSED Start Date 01-01-03	PROJECT: End Date 6-30-08	a. Applicant: 1-45	DISTRICTOR	b. Project: STATEWIDE			
15. Estimated Fe			16. IS APPLICATION S ORDER 12372 PRO	UBJECT TO REVIEW BY STATE EXECUTIVE			
a. Federal		\$ 8,058,720	1	TON/APPLICATION WAS MADE AVAILABLE ORDER 12372 PROCESSES FOR			
b. Applicant		\$	REVIEW ON:				
c. State		5	1	<u>9/16/02</u> OT COVERED BY E.O. 12372			
d. Local		\$					
e, Other		\$	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
t. Program Income \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
g. TOTAL \$8,058,720			☐ YES if "Yes" attach an explanation. ■ NO				
18. TO THE BES DOCUMENT THE ATTAC	T OF MY KNOWLEDGE HAS BEEN DULY AUTH HED ASSURANCES IF T	AND BELIEF, ALL DATA IN HORIZED BY THE GOVERNII THE ASSISTANCE IS AWARE	THIS APPLICATION/PREAPPLIC NG BODY OF THE APPLICANT A DED.	ATION ARE TRUE AND CORRECT, THE ND THE APPLICANT WILL COMPLY WITH			
a. Typed Name of Authorized Representative: Oavid Souleles, M.P.H.			b Title: Chief Deputy Director Department of Health Services	c. Telephone Number (916) 653-9076			
1	ulhorized Representative			e. Date Signed			

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier		
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier		
Construction Non-Construction	☐ Construction ☐ Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identiller		
5. APPLICANT INFORMATION			70 JEL 19 7007		
Legal Name: STATE OF CALIFORNIA DEPARTMENT	OF HEALTH SERVICES	Organizational Unit: DEPARTMENT OF HEALTH SERVICES			
Address (give city, county, state, and zip 601 NORTH SEVENTH STREET P.O. BOX 942732 SACRAMENTO CA 94234-7320	code):	Name and telephone number of the person to be contacted on matters. H()) () involving this application (give area code) ROBIN R HOOK (916) 323-0871			
6. EMPLOYER IDENTIFICATION (EIN)		7. TYPE OF APPLICA	NT: (enter appropriate letter here) A H, Independent School District		
<u>68-0317191</u>		B. County C. Municipal D. Township	State Controlled Institution of Higher Learning Private University K. Indian Tribe		
8. TYPE OF APPLICATION:	-	E. Interstate	L. Individual		
	□ Revision	F. Intermunicipal	M. Profit Organization		
If Revision, enter appropriate letter(s) is	n box(es):		N. Other (Specify):		
	Decrease Award Decrease Duration	9. NAME OF FEDERAL AGENCY: ENVIRONMENTAL PROTECTION AGENCY			
NUMBER: 66.471 TITLE: Operator Certification Expense F 12. AREAS AFFECTED BY PROJECT etc.): STATEWIDE		Drinking Water Operator Trail	ning & Certification Expense Reimbursement		
	14. CONGRESSIONAL	DISTRICT OF			
13. PROPOSED PROJECT: Start Date	a. Applicant: 1-45	Diolitic	b. Project: STATEWIDE		
15. Estimated Funding:		16. IS APPLICATION ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS? YES		
a. Federal	\$ 8,058,720	THE WAR BEAUTICA	ATION/APPLICATION WAS MADE AVAILABLE E ORDER 12372 PROCESSES FOR		
b. Applicant	\$	REVIEW ON:			
c. State	\$	·····	E <u>9/16/02</u> NOT COVERED BY E.O. 12372		
d. Local	\$				
e. Other	\$	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 8,058,720		th an explanation. NO		
18. TO THE BEST OF MY KNOWLED DOCUMENT HAS BEEN DULY ATTHE ATTACHED ASSURANCES	GE AND BELIEF, ALL DATA IN UTHORIZED BY THE GOVERN IF THE ASSISTANCE IS AWAR	THIS APPLICATION/PREAPPLING BODY OF THE APPLICANT DED.	CATION ARE TRUE AND CORRECT, THE AND THE APPLICANT WILL COMPLY WITH		
a. Typed Name of Authorized Represended David Souleles, M.P.H.		b. Tide: Chief Deputy Director Department of Health Service	es C. Telephone Number (975) 555 557		
d. Signature of Authorized Represente	ative		e. Date Signed		

916 323 1382; Sep-16-02 9:06AM; Page 3/3

Sent By: DRINKING WATER PROGRAM;